United States of America

Department of Transportation—Federal Aviation Administration

Supplemental Type Certificate

Number SA1694CE

This certificate, issued to

Falcon Jet Corporation
P. O. Box 967 - Adams Field
Little Rock, Arkansas 72203

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 4b of the Civil Air Regulations.

Original Product - Type Certificate Number:

A7EU

Make:

Avions Marcel Dassault

Medel:

Fan Jet Falcon Series F

Description of Type Design Change: Installation of Fairchild A100A Cockpit Voice Recorder. DATA REQUIRED: (1) Midcoast Aviation Services, Inc. Drawing No. 020-27002, Revision E, dated November 19, 1981, (2) Airplane Flight Manual Supplement dated November 13, 1981, or later FAA approved revisions of (1) or '2).

Limitations and Conditions: This approval should not be extended to other specific airplanes of this model on which other previously approved modifications are incorporated, unless it is determined that the interrelationship between this change and any of those other previously approved modifications will introduce no adverse effect upon the airworthiness of that airplane.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the
Federal Aviation Administration.

Date of application :

July 14, 1981

Date reissued: March 25, 1982

Date of issuance :

December 4, 1981

Date amended:



By direction of the Administrator

S. Low fried (Signature)

Robert A. Gambrill, Jr., Acting Chief Wichita Aircraft Certification Office

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type (Certificate Number	
to (Name of transferee)		
(Address of transferee)	(Number and street)	
	(Number and street)	
	(City, State, and ZIP code)	
from (Name of grantor) (Print or type)		
(Address of grantor)	(Number and street)	
	(City, State, and ZIP code)	
Extent of Authority (if licensing agreement): _		
Date of Transfer:		
Signature of grantor (In ink):		